

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☒ IXC                      ☐ CLEC                      ☐ ILEC                      ☐ Wireless

242472

**CERTIFICATED COMPANY INFORMATION**

OneLink Communications, Inc.  
 Company Name \_\_\_\_\_ FEIN/SSN \_\_\_\_\_  
 \_\_\_\_\_ 954-724-5110  
 Dbaf/ka \_\_\_\_\_ Telephone # \_\_\_\_\_  
 8400 N University Dr Ste 204  
 Mailing Address \_\_\_\_\_  
 Tamarac FL 33321  
 City, State, Zip Code \_\_\_\_\_  
 Same  
 Business Location \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_

MAR 25 2013  
 PSC SC  
 CLERK'S OFFICE

**REGISTERED AGENT INFORMATION**

Registered Agent: \_\_\_\_\_ Corporation Service Company  
 Mailing Address: \_\_\_\_\_ 5000 Thurmond Mall Blvd  
 City, State, Zip Code: \_\_\_\_\_ Columbia SC 29201

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

A. Enrique Martinez  
**General Manager** (Include address if different than above.)  
 \_\_\_\_\_  
 954-724-5110 / 954-724-5174 / info@onelinkcomm.com  
 Telephone Number Facsimile Number E-mail Address

B. Mary Lynn Reynolds  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 \_\_\_\_\_  
 800-557-4033 / 954-724-5174 /  
 Telephone Number Facsimile Number E-mail Address

C1. Mary Lynn Reynolds  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 \_\_\_\_\_  
 800-557-4033 / 954-724-5174 /  
 Telephone Number Facsimile Number E-mail Address

C2. 800-557-4033  
**Customer Contact (Toll Free Number)**

C. N/A - Reseller  
**Engineering Operations** (Include address if different than above.)  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Telephone Number Facsimile Number E-mail Address

D. N/A - Reseller  
**Test and Repair** (Include address if different than above.)  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Telephone Number Facsimile Number E-mail Address

E. Enrique Martinez  
**Emergencies** (During non-office hours)  
954-724-5110 / 954-724-5174 /  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. R. J. Dias  
**Regulatory Officer** (Include address if different than above.)  
954-724-5110 / 954-724-5174 / Comply@onelinkcomm.com  
Telephone Number Facsimile Number E-mail Address

H. N/A  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number Facsimile Number E-mail Address

I. Enrique Martinez  
**Interim LEC Fund Mailings** (Name)  
8400 N University Dr Ste 204, Tamarac FL 33321  
Mailing Address  
954-724-5110 / 954-724-5174 /  
Telephone Number Facsimile Number E-mail Address

J. Enrique Martinez  
**Universal Service Fund Mailings** (Name)  
8400 N University Dr Ste 204, Tamarac FL 33321  
Mailing Address  
954-724-5110 / 954-724-5174 /  
Telephone Number Facsimile Number E-mail Address

K. Enrique Martinez  
**Gross Receipts Mailings** (Name)  
8400 N University Dr Ste 204, Tamarac FL 33321  
Mailing Address  
954-724-5110 / 954-724-5174 /  
Telephone Number Facsimile Number E-mail Address

L. Enrique Martinez  
**Lifeline Mailings** (Name)  
8400 N University Dr Ste 204, Tamarac FL 33321  
Mailing Address  
954-724-5110 / 954-724-5174 /  
Telephone Number Facsimile Number E-mail Address

Enrique Martinez  
**This form was completed by (print name)**

President  
**Title**

  
**Signature**

3/22/2013  
**Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Clerk's Office  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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